

CALIFORNIA CHILDREN’S SERVICES

MEDICAL REPORT

|                                    |           |                |                  |
|------------------------------------|-----------|----------------|------------------|
| Patient name (last, first, middle) |           | Birth date     | Visit date       |
| Patient address                    |           | County         | Surgery date     |
| Physician                          | Specialty | Date of report | Next appointment |

Diagnosis

Report (Please include clinical findings, prognosis, treatment, recommendation, plan, and PHN follow-up instructions.)